## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000023112

Title:

Name:

Address:

City-St-Zip:

Entity Name: YABLICLEANING DETAIL & SERVICES CORP

FILED May 01, 2008 Secretary of State

Entity Name: YABU CLEANING DETAIL & SERVICES, CORP.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	DERAL HWY - D BEACH, FL				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
P.O. BOX 5 NAPLES, F		S			
FEI Number:	56-2319682	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
TAX HOUSE CORPORATION 1261 E SAMPLE ROAD POMPANO BEACH, FL 34106 US			1100 S FEDERAL H	TAX HOUSE CORPORATION 1100 S FEDERAL HWY DEERFIELD BEACH, FL 33441 US	
The above in the State		submits this statement for the pu	rpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: BRENO R GOMES				05/01/2008	
	Electron	ic Signature of Registered Agen	t	Date	
Election Cam	paign Financing	3(2)(b), F.S., the corporation did not ground transfer (a) Trust Fund Contribution (a).	·	OFC TO OFFICERS AND DIRECTORS.	
	AND DIREC			GES TO OFFICERS AND DIRECTORS:	
Title: Name:	. ,	Delete JOSE ROBERTO	Title: Name:	( ) Change ( ) Addition	
Address:	P.O. BOX 593		Address:		
City-St-Zip:	NAPLES, FL 34	4106 US	City-St-Zip:		
Title:	, ,	Delete	Title:	( ) Change ( ) Addition	
Name: Address:	SANTOS, SUED P. O. BOX 593	DIA P.R.	Name: Address:		
City-St-Zip:	NAPLES, FL 34	4106 US	City-St-Zip:		
Title:	. ,	Delete	Title:	() Change () Addition	
Name: Address:	P. O. BOX 593	CARLOS	Name: Address:		
City-St-Zip:	NAPLES, FL 34	4106	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE ROBERTO DOS SANTOS P 05/01/2008

( ) Delete

( ) Change (X) Addition

TORRES, GILBERTO

NAPLES, FL 34106

P. O. BOX 593